



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

September 14, 2010

Ms. Diane Sullivan, Administrator
The Pines At Rutland Center For Nursing And Rehabilitation
99 Allen Street
Rutland, VT 05701

Dear Ms. Sullivan:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **August 18, 2010**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/18/2010
NAME OF PROVIDER OR SUPPLIER THE PINES AT RUTLAND CENTER FOR NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ALLEN STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 431 SS=D	<p>An unannounced on-site complaint investigation was conducted on 08/18/10 by the Division of Licensing and Protection.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>	F 431	<p>This plan of correction is the facility's credible allegation of compliance. The filing of this plan does not constitute an admission that the deficiencies alleged did in fact exist.</p> <p>F431 Drug Records, Label/Store Drugs</p> <p>The facility disposes of unused medications, accurately reconciles medications, and ensures that medications are properly labeled in accordance with state and federal laws.</p> <p>Epinephrine vials were removed from all locked medication boxes and returned to the pharmacy, as it is no longer included in our emergency stock formulary.</p> <p>The doses of Vitamin K and Lasix were replaced, by the pharmacy, in the emergency back up med box.</p> <p>The 3 empty Morphine vials were removed from the medication cart, and the remaining medication (.15ml) was disposed and documented per facility policy and procedure. Medication carts were audited to ensure that there were no other empty vials requiring disposal.</p> <p>The pharmacy was directed to thoroughly check the emergency med box against the formulary to ensure that there are no discrepancies or replacement medications needed.</p> <p>Nursing staff were re-educated, by the Staff Development Coordinator and RN Nurse Managers, to write an open date on vials of medication, specifically</p> <p><i>accepted Doc. F431</i> <i>Sharon J. Emmons, RN</i> <i>9/14/10</i></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 431	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by interview, the Facility failed to assure the disposal of unused medications, an accurate reconciliation of medications, and that drugs are properly labeled. Findings include: Per observation on 08/18/10 of the emergency stock box on the second floor, 2 medications, Lasix and Vitamin K were missing, and several vials of Epinephrine, which are no longer used, were not disposed of. Per observation of the 2nd and 3rd floor medication carts, vials of Epinephrine were observed taped inside the narcotic box. Per interview on 8/18/10 at 11:00 AM, the Unit Manager stated that Epinephrine is no longer used in the facility and that the list for the Emergency stock box has been revised since 04/28/10. In addition, 3 vials of partially used Morphine Sulfate were found in the 2nd floor medication cart narcotic box. The Morphine Sulfate was not labeled with an open date, which was confirmed by the nurse at the time of observation. Per interview on 8/18/10 at 11:00 AM, the Unit Manager stated that the Pharmacist is responsible to assure the Emergency stock is refilled and assure the proper disposal of medications. Per telephone interview on 8/18/10 at 12:30 PM, the Pharmacist confirmed that "I didn't thoroughly check which meds were missing (from the Emergency stock) nor were unused medications disposed of properly."	F 431	F431 continued. morphine, and to ensure that proper disposal and documentation is completed in a timely manner per policy. A monthly audit of emergency medications, against the medication box formulary will be completed by the DNS, or her designee, to ensure formulary compliance. A monthly audit of all medication carts will be performed by the DNS, or her designee, to ensure that all empty medication vials are reconciled and that unused meds are disposed of in a timely manner and in compliance with facility policy. Monthly audit results will be reported and reviewed monthly by the Quality Assurance Committee, and monitored for continued compliance by the Administrator. Completion Date: September 18, 2010 F514 Resident Records Complete/Accurate/Accessible The facility maintains accurate and complete medication records in accordance with accepted professional standards. Resident #1 received all of her physician ordered medication, as verified through interview with Resident #1. Please note that this resident is alert and fully oriented, and knows all of her medications, dosage, and prescribed times.		
F 514 SS=B	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	F 514			

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F 514	<p>Continued From page 2</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assure that Medication records were complete and accurately documented in accordance with accepted professional standards and practices for 1 applicable resident (Resident #1). Findings include:</p> <p>Per review of the Narcotic Book and MAR (medication administration record) for Resident #1, documentation was inconsistent for three days during month of August 2010. Per the review of the MAR, Morphine Sulfate 30 mg was not signed off as being given on 8/2/10 & 8/3/10, although the Narcotic Book was signed for the medication being given to Resident #1 on those dates. Per the Narcotic Book, Morphine Sulfate 30 mg was not signed off for 8/16/10 for Resident #1; however, the MAR indicated that it was given. In addition, several dates and times were illegible in the Narcotic Book. Per interview on 8/18/10 at 4:30 PM, the Administrator confirmed the Medication records for Resident #1 were not complete and accurately documented.</p>	F 514	<p>F514 continued.</p> <p>MAR's and narcotic log sheets were audited to ensure that there was no other missing or incomplete documentation. Re-education was provided to the Nursing staff related to complete and accurate documentation in the MAR and narcotic log.</p> <p>Monthly audits of the MAR's and the narcotic logs will be performed by the DNS, and her designees, in order to ensure that documentation is accurate and complete.</p> <p>Monthly audit results will be reported and reviewed by the Quality Assurance Committee, and monitored monthly by the Administrator for continued compliance.</p> <p>Completion Date: September 18, 2010</p> <p><i>Accepted POC F514</i> <i>Susan J Emmerson RN</i> <i>9/14/10</i></p>		